



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

October 14, 2013

Administrator  
The Vines  
3130 Sw 27th Avenue  
Ocala, FL 34471

**Re: CCR #2013009937**

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on October 11, 2013 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit.

Please provide a plan of correction to this Field Office, in accordance with enclosed instructions, for the identified deficiencies **within ten calendar days of receipt of this faxed report**. You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than November 11, 2013.**

**The plan of correction must include the following:**

1. Identify how corrective action will be accomplished for those residents found to have been affected by the deficient practice.
2. Describe how the facility will identify other residents having the potential to be affected by the same deficient practice.
3. Explain measures to be put into place or systemic changes made to ensure that the deficient practice will not recur.
4. Identify how the facility will monitor its corrective action to ensure the deficient practice is being corrected and will not recur; i.e., what program will be put into place to monitor the continued effectiveness of the systemic change.
5. Ensure that no protected or other confidential information (i.e., resident or staff names) are included in the plan.
6. State the completed date; the date that the facility identifies compliance can be achieved, which must be after the exit date.
7. You must sign the bottom of page 1 of the statement of deficiencies; include your title and date.



The Vines  
October 14, 2013  
Page 2

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

A handwritten signature in black ink, appearing to read "Kriste J. Mennella", is written over the typed name and title.

Kriste J. Mennella  
Field Office Manager

KJM/bh  
Enclosure(s)

From: AHCA AREA 3 HQA

366 416 5300

10/15/2013 08:41

3668 P.004/006

PRINTED: 10/11/2013  
FORM APPROVED

## Agency for Health Care Administration

|   |   |  |   |
|---|---|--|---|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>RC57000052 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br>10/11/2013 |
|---|---|--|---|

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE VINES

3130 SW 27TH AVENUE  
OCALA, FL 34471

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)  | (X5)<br>COMPLETE<br>DATE                 |
|--------------------------|--|---------------------|---|--|
| C 000                    | INITIAL COMMENTS<br><br>An unannounced visit was conducted on 10/11/13 to investigate complaint # 2013009937. There were deficiencies identified in regards to Chapter 394 Part IV, 65E-9.003, F.A.C.  | C 000               |   |  |
| C 133                    | Staffing - Staff Orientation & Training<br><br>The provider shall document training received by staff, including staff name and position, training subject, date completed and signature of instructor. The documented training shall be filed in the staff member's personnel record and be available for review by the department and the agency.<br><br>Chapter 65E-9.007(5)(d), F.A.C.<br><br>This STANDARD is not met as evidenced by: Based on observation, record review and interview the facility failed to provide proper training for staff working with 3 of 3 residents.<br><br>Findings:<br>Review of the facility report for 9/17/13 revealed Residents 1,2,3 were refusing to comply with Staff A's direction. Staff A placed Resident #1 in a hold on the floor which possibly caused him to suffer memory loss. The resident was sent to the hospital emergency room within a short period of time and returned with no injuries. Staff A was suspended within about 2 hours and sent home. The facility retrained Staff A on physical intervention, verbal intervention, de-escalation and calling for help from other staff.<br><br>Review of the Video tape of the incident on 9/17/13 at approximately 10/45 AM revealed Residents 1,2,3 running down the hall kicking the | C 133               | All Mental Health Technicians will be trained and sign-off on where to locate the behavioral interventions for each resident, specific interventions for each resident, and the proper reinforcements and deterrents for each resident.<br><br>Safety Plans are placed on the back of each patient's Q-15 observation sheet. In addition, there is a binder at the nurses' station that contains each resident's safety plan and all additional behavioral reviews and behavioral plans. Additional staff training will reinforce this procedure and where to locate this information and the frequency for review requirements.<br><br>Over the course of treatment, the safety plan is revised through on-going monitoring by therapists. The revised safety plan is placed in the binder, is placed on the back of the Q-15 observation sheet, and when there is a new plan for a resident, the Behavior Analyst will review updated Safety Plans with staff through daily shift report as needed. | 10/25/13<br><br>10/25/13<br><br>10/25/13 |

Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

DATE FORM

1000

OPDV11

If continuation sheet, 1 of 3

From: ANCA AREA 3 HQA

388 418 5300

10/15/2013 06:42

#398 P.005/006

PRINTED: 10/11/2013  
FORM APPROVED

## Agency for Health Care Administration

|   |   |  |   |
|---|---|--|---|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>RC57000052 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br>10/11/2013 |
|---|---|--|---|

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE VINES

3130 SW 27TH AVENUE  
OCALA, FL 34471

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)   | (X5)<br>COMPLETE<br>DATE                 |
|--------------------------|--|---------------------|--|--|
| C 133                    | Continued From page 1<br><br>closed bedroom doors. The other residents were in school. Staff A approaches from the top of the screen (near an outside door). Immediately Resident #2 starts walking toward school hall, away from them which is a good decision. Then, Staff A stands against the wall directly across from Resident #1, who is standing directly across on the opposite wall. There is about 7 feet in between them. Resident #2 is quiet, standing about 10 feet away in the middle of the hall. For about 30 seconds, Staff A speaks to Resident #1 to attempt to get him to return to school or calm down. Resident A is calm, doesn't move, then Staff A quickly crosses the hall and stands at a 90 degree angle to Resident 1 with his back to the camera. He is also blocking the view of Resident #1's hands and face. Staff A is standing against Resident #1. After Staff A speaks to Resident #1 for about 20 more seconds, Resident #1 moved slightly forward. Then Staff A moves full into Resident #1 who brings his right elbow up slightly. Staff A then grabs him, the resident really starts to struggle at that point and the Staff over powers him and puts him on the floor with his head hitting the floor. This surveyor asked the facility to replay this part of the video 4 times to ensure accurate sequence of moves. It is important to note the Resident moved forward ever so slightly. He was not moving into the Staff but forward. When Staff A responds immediately with a push into the resident and then the resident's elbow barely starts to come up as a defensive move, which could have been a reflex as it was so slight. The Staff was so close to the resident it would have prevented the elbow/arm from moving with any momentum into the Staff. The Staff was engaging in full body contact with the resident at that point. The Staff had positioned himself between the camera and the Resident so the Resident's hands were not visible to the | C 133               | At each shift change, the Mental Health Technician's will sign-off that they have reviewed and understand the safety plan and behavioral interventions for each resident under their care and they will be provided an opportunity to ask questions or obtain clarification at that time. Any staff members, who do not understand, will be given one-on-one training by the Director of Nursing or that person's designee.<br><br>Audit tool will capture the staff assigned to the unit for the shift, sign-off of understanding, and any additional training requirements for behavioral interventions, specific interventions, proper reinforcements, and deterrents. The Director of Nursing or designee will collect Assignment Sheets per shift for audit purposes by the Director of Nursing.<br><br>All residents have a comprehensive safety plan upon assessment and any resident who has been identified as having a potential for higher need of behavioral intervention will have an additional behavioral review and/or behavioral plan. The main points of the additional review documentation will be added to the safety plan that is reviewed by staff. | 10/25/13<br><br>10/25/13<br><br>10/25/13 |

Form 3020-0001

THE FORM

9999

06/07/11

If continuation sheet 2 of 3

From: AHCA AREA 3 HQA

386 418 5300

10/15/2013 08:42

#398 P.006/006

PRINTED: 10/11/2013  
FORM APPROVED

## Agency for Health Care Administration

|   |  |  |  |
|---|--|--|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>RC57000052</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>10/11/2013</b> |
|---|--|--|--|

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE VINES

3130 SW 27TH AVENUE

OCALA, FL 34471

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)   | (X5)<br>COMPLETE<br>DATE |
|--------------------------|---|---------------------|--|--------------------------|
| C 133                    | <p>Continued From page 2</p> <p>camera.</p> <p>During an interview with Staff A on 10/11/13 at 11:00 AM he stated he was a corrections officer in the past. He described this work as his career. He stated Resident #1 refused to comply with verbal directions. He stated he took the resident to the floor because he elbowed him and balled his fist. He states he has gone through retraining and will definitely call for help as soon as he sees any escalation.</p> <p>Further, he complained he does not know the behavioral interventions and has not been trained to use proper reinforcers and deterrents with the residents.</p> <p>During an interview with the Director of Nursing on 10/11/13 at 10:45 AM she stated they have no documentation to support the staff have been trained to use the proper behavioral interventions for each resident.</p> <p>During an interview with the Counselor for the day 10/11/13 at 10:15 AM, he had no response regarding any documentation of trainings for the staff denoting specific interventions for the residents.</p> | C 133               | <p>All Mental Health Technicians will be trained and sign-off on where to locate the behavioral interventions for each resident, specific interventions for each resident, and the proper reinforcements and deterrents for each resident.</p> | 10/25/13                 |

Form 3020-0001

FORM

409

QP0V11

# continuation sheet 3 of 3